



Maine SHNAPP Community Engagement Phase  
 Summary Report of Forum & Event Input  
 Sagadahoc County  
 June 2016

This serves as a brief summary report of the input provided by community members attending the 1 community forum and 7 community events that took place between November 2015 and April 2016. Copies of individual reporting forms (pdf) can be viewed at: <https://www.maine-general.org/Pages/District-4-Midcoast-Maine.aspx> by looking under the Community Engagement header and clicking on the forum of interest.

**Community Forums**

Meeting	Date	Location
Sagadahoc County Forum	3/25/2016	Bath, ME
<b>Total Attending Forums:</b>		<b>52</b>

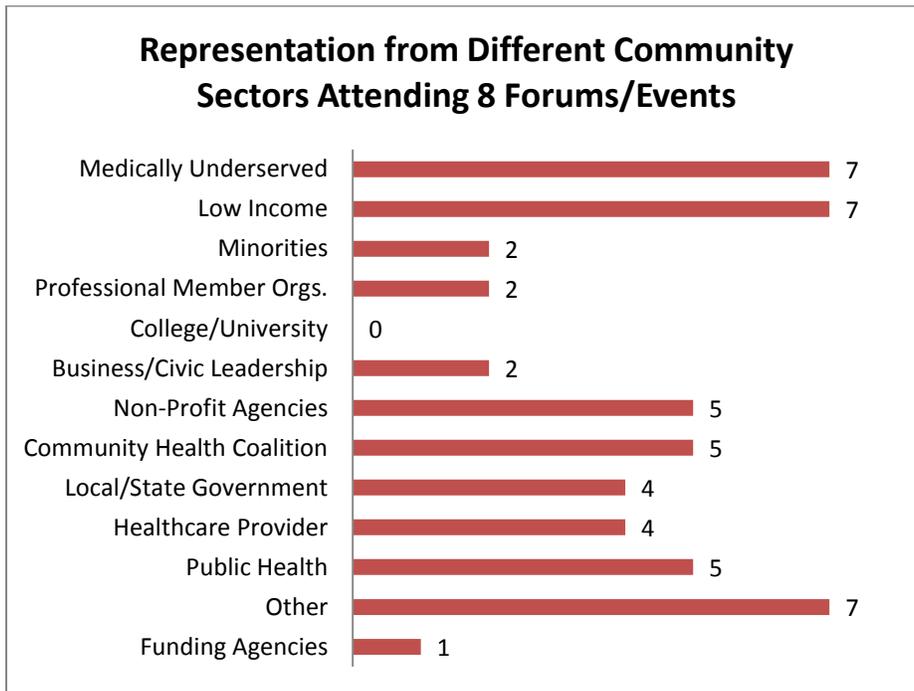
**Community Events**

Meeting	Date	Location
Access Health/RSU #1 Administrative Team	2/23/2016	Bath, ME
Access Health/Brunswick School Dept. Administrative Council [Part of Access Health's service area]	2/23/2016	Brunswick, ME
Access Health/MSAD 75 Administrative Team	3/1/2016	Topsham, ME
Opiate Community Discussion [Included residents of Sagadahoc County]	3/29/16	Brunswick, ME
Unitarian Universalist Health Inequity Group [Included residents of Sagadahoc County]	4/8/2016	Brunswick, ME
Access Health Advisory Board [Included residents of Sagadahoc County]	4/14/2016	Brunswick, ME
Community Mental Health Taskforce [Included residents of Sagadahoc County]	4/21/2016	Brunswick, ME
<b>Total Attending Events:</b>		<b>161</b>

<b>Total Attending Forums &amp; Events</b>	<b>213</b>
--	------------

Attendance numbers may contain duplicates if one person attended more than one forum/event.

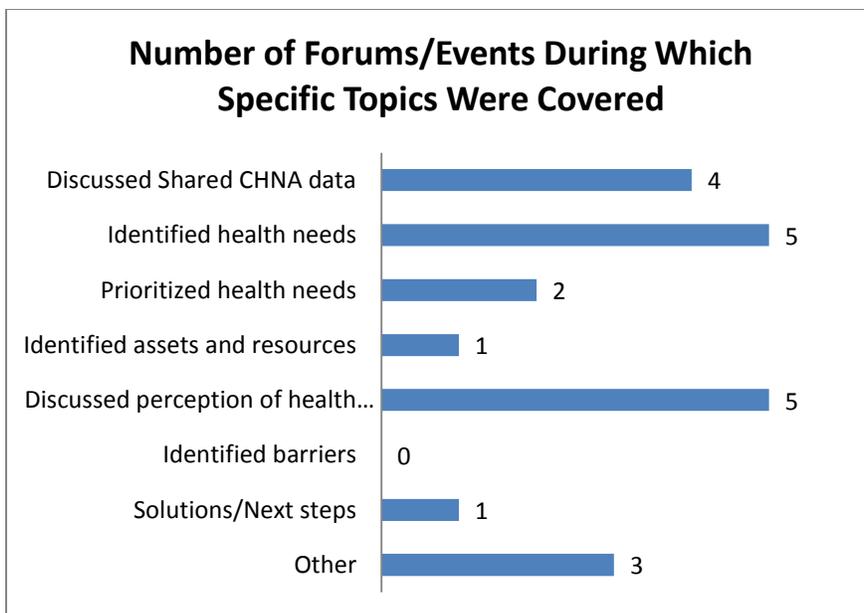
## Community Sectors Represented During Forums and Events



“Medically underserved,” “low income,” and “racial/ethnic minorities” are sub-populations named specifically by the Department of Treasury/IRS regulations.

Other: Schools, Law enforcement, Parents, Senior-serving organizations, People in recovery, Faith-based organizations

## Type of Input Obtained During Forums and Events



“Other” included: Shared 2015 ME Integrated Youth Health Survey (MIYHS) data

## Community Forums

These forums, organized and co-led by Maine CDC District Liaisons and SHNAPP hospital community benefit representatives, typically consisted of a prepared Power Point presentation followed by breakout sessions on health topics. In general, breakout sessions obtained input about:

- Summary statements about the issue and/or its effect on the community
- Identification of local assets and resources to address the issue
- Identification of barriers to addressing the health issue or needs of the community before more adequately addressing the issue
- Ideas for next steps, how to solve the health issue, who to include, and what the community should look like in the future

### Themes Identified During Sagadahoc County Forums

#### Health Issue: **Substance Abuse**

**Summary of assets to resources to address issue:** Local programs and services; schools; law enforcement/criminal justice system; Access Health; grant funding for prevention; Mid Coast Hospital. (See list of specific programs in appendix on page 6.)

**Summary of barriers or community needs (if reported):** Health factors identified as barriers include: marijuana dispensary opening in Bath soon, perception that one cannot afford treatment for substance abuse/lack of Medicare expansion, social norms, and unemployment/lack of jobs. In addition, prevention and treatment are primarily grant funded.

**Summary of next steps, solutions, future ideal:** Address cultural beliefs about drugs since people have come to believe opiates and marijuana are medicine and using them is not a big deal while at the same time decreasing access to drugs especially among youth. Provide education among youth, parents, and providers who prescribe medications.

#### Health Issue: **Mental Health**

**Summary of assets to resources to address issue:** Local programs and services (non-profit, local/state government, employer's EAP, healthcare and behavioral health), schools, faith communities, law enforcement. (See list of specific programs in appendix on page 6.)

**Summary of barriers or community needs (if reported):** All barriers identified had to do with health factors - Dissemination of information [a] silos, [b] plain English (low literacy); isolation; public transportation; access to health insurance; stoicism/Maine culture-Stay "tough" for too long; complex payment system; stigma/lack of education or awareness; not all providers accept insurance; lack of access to financial/legal advice (navigating financial and legal system barriers); navigating MH/BH systems; cost of technology- use of telehealth; organization's policies (competition/silos).

**Summary of next steps, solutions, future ideal:** Decrease stigma about mental health issues and provide education among caregivers and the public. Ensure coordination/collaboration among stakeholders (funding, reimbursement, legal, respite) and increase services and access to them (treatment, crisis, prevention, integrate behavioral health into primary care).

**Health Issue: Obesity**

**Summary of assets to resources to address issue:** Provide education/messaging among community members and restaurants to change perceptions/stigma; decrease silos by coordinating efforts and sharing resources; expand HEPA (Healthy Eating and Physical Activity program) at YMCA to provide intentional education with captive audiences; improve vending machine choices; continue to talk about concerns with peers, community members, etc. to raise awareness (See list of specific programs in appendix on page 7.)

**Summary of barriers or community needs (if reported):** Stigma; environment (vending machines, restaurants); funding silos.

**Summary of next steps, solutions, future ideal:** Decrease stigma by including all voices, increase awareness of the issue through education, on-going conversations, and environmental strategies. Also coordinate efforts for healthy eating and physical activity while breaking down siloes and improving access to programs.

## **Community Events**

These events were organized and carried out by community stakeholders (including Maine CDC District Liaisons, SHNAPP hospital employees, or others who sat on local SHNAPP Community Engagement Committees). Typically already formed groups agreed to hold a presentation about the Shared CHNA data and discuss their reactions based on the group leader's questions. In general, input from events consisted of brief summary statements or questions about health issues and health factors affecting the geographic area.

### **Priority health issues identified during Sagadahoc County events:**

- Mental Health/Co-occurring Mental Health & Substance Abuse (5)
- Marijuana use among 12<sup>th</sup> graders
- Oral Health (expand services & offer through Free Clinic)
- Suicidality
- Opiates (doing a good job but more needs to be done)

### **Priority health factors identified during Sagadahoc County events:**

- Lack of health insurance/Healthcare for all/Expand Free Clinic
- School Safety/Bullying
- School capacity to address mental health among students
- Poverty
- Target LBG youth and veterans for MH/Co-occurring disorders

### **Assets and resources identified during Sagadahoc County events:**

- HZA (external evaluator for Access Health)
- Access Health (HMP)
- People in recovery and families of those in recovery
- Schools (prevention programming, social workers on staff to address mental health issues)
- Oasis Free Clinic
- United Way (ACEs prevention work)
- MBSR initiatives of Mid Coast Hospital and MH community in schools and youth – serving organizations
- Youth Mental Health First Aid program

### **Themes Identified During Sagadahoc County Events:**

- Five of the seven groups prioritized mental health and/or co-occurring (MH/SA) disorders as needing on-going or increased attention in the region; Recommendations for addressing these issues varied by group composition. Almost all recognized the need to focus on youth.
- The community has mobilized around the opiate issue and feels they are doing a great job at reducing stigma, barriers to treatment, and have enforcement partners who understand addiction and prevention – although more needs to be done.
- One group focused on health factors (social determinants) and recommends work toward free healthcare for all, addressing poverty, and finally programming.

**Appendix: Specific resources listed by priority area**

**SUBSTANCE ABUSE**

- Youth programs
- DARE
- Prevention tips
- Topsham Fire (promotes 211)
- Use 211 for other resources, connect
- Schools
- Law Enforcement effort
- Out-patient detox program
- Community Collaboration “BOLD” – Building Our Life Drug & Alcohol Free
- Yarmouth High School club
- “Substance Free Fun”
- Shipbuilders committed at Morse High School
- Positively change perception of youth involvement and youth culture to be involved in groups and be substance-free leaders

**MENTAL HEALTH**

- Mental Health First Aid/Youth Mental Health First Aid trainings
- Sagadahoc Board of Health
- Access Health (HMP)
- Senator King’s Office(voice for access to affordable quality care, Federal grants)
- State Administration allowing for grant funding
- Advocates (persistent voice)
- Vote, stay informed “civic literacy”, be the change you want to see, collaborative impact, self-empowerment of people
- Local Health Officers
- Primary Care Providers
- Employee Assistance Program (EAP)
- Area Aging Center
- Crisis Provider Network
- YMCA-Financial Assistance Programs
- MCH/MCMG (inpatient MH care, outpatient care, ARC, ER, AS liaison)
- Sweetser/Maine BH
- Schools (guidance, school-based health center)
- Public Health Nurses
- Home Health Nurses
- NAMI Maine
- Employee Wellness-Resiliency Training
- SASSM/New Hope

- Enlightened and trained law enforcement
- Family Planning
- Tedford Shelter
- Oasis Health
- Maine families
- Early HeadStart
- Faith Communities
- Child Advocacy Centers

**OBESITY**

- Funding
- Community members (continue to talk about concerns with peers, community members, etc. to raise awareness)
- Restaurants
- HEPA (Healthy Eating and Physical Activity) program at YMCA